

6.4 Annual Leave Sharing

DEFINITION:

* Both recipients and donors must meet the definition of “employee” in KRS 18A.005(14).

ELIGIBILITY (to Donate or Receive Annual Leave):

(1) An employee shall not qualify to donate or receive annual leave under the Annual Leave Sharing Program if the employee:

- (a) Is not in active payroll status; or
- (b) Has:
 - 1. Resigned;
 - 2. Retired; or
 - 3. Been placed in unpaid leave status by a personnel action.

(2) To request donated annual leave, an employee shall complete an Application for Annual Leave Sharing.

(3) To donate annual leave, an employee shall complete an Annual Leave Donation Form.

PROCEDURES AND RESTRICTIONS:

(1) The ten (10) consecutive days of leave required for eligibility by KRS 18A.203 shall be leave with or without pay.

(2) The total amount of shared annual leave that may be received or used by an eligible employee for the purposes specified by this administrative regulation shall be limited to 200 work hours.

(3) Annual leave sharing shall not be authorized for mere convenience or employee preference.

(4) Annual leave shall not be donated in an amount less than seven and one-half (7.5) hours.

(5) If multiple donors donate annual leave to an eligible recipient, agencies shall transfer leave in chronological order of receipt of the donation forms, up to the maximum amount that has been certified to be needed by the recipient or 200 work hours, whichever is less.

- (6) The applicant for annual leave sharing shall be responsible for filing the Application for Annual Leave Sharing.
- (7) Donated annual leave shall not be utilized retroactively except to cover the period between the date the request was submitted to the employee's supervisor or agency representative and the date of approval by the appointing authority.
- (8) The annual leave sharing recipient shall be responsible for monitoring the amount of annual leave donated and used.
- (9) Except as provided by subsection (10) of this section, donated annual leave shall be used:
- (a) In the order in which it is donated; and
 - (b) On consecutive days.
- (10) Any leave that an employee accrues while receiving donated annual leave shall be used before donated annual leave.
- (11) When the recipient of donated leave returns to work, unused donated leave shall be restored to the donors in reverse order of donation, unless the recipient provides evidence that the original condition for which annual leave was donated will continue.
- (12) If an annual leave donor resigns, retires or is otherwise terminated from state employment before the process of transferring leave to the recipient has begun, the leave shall not be available for use by the recipient.

MEMORANDUM

TO:

FROM:

SUBJECT: Memo Concerning Donated Annual Leave / Return of Unused Donated Annual Leave

DATE:

Annual Leave Donation

This is to certify that _____ hours of annual leave donated by _____,
(name)
_____, _____, _____, _____,
(ss#) (company #) (agency name) (phone)
were transferred to _____, _____,
(name) (ss#)
_____, _____, _____.
(company #) (agency name) (phone)

Please reduce the donor's annual leave balance accordingly.

Return of Unused Donated Annual Leave

This is to certify that _____ hours of annual leave donated by _____,
(name)
_____, _____, _____, _____,
(ss#) (company #) (agency name) (phone)
were unused by _____, _____,
(name) (ss#)
_____, _____, _____.
(company #) (agency name) (phone)

Please credit the employee annual leave balance accordingly.

Recipient's Payroll Officer's Name: _____

Payroll Officer's Phone #: _____

Company # _____, Agency Name _____, Phone _____

APPLICATION FOR ANNUAL LEAVE SHARING

ORIGINAL REQUEST
AMENDED REQUEST

Name of Recipient: _____

Department: _____

Social Security Number: _____

Amount of Annual Leave Needed: _____

Please provide a reason transferred leave is needed, including a brief description of cause, property lost, and anticipated duration of the leave needed. (If this is an amended request, provide reason for extension.)

Signature of Recipient or Representative

Date

Signature of Supervisor

Date Received

The above named employee has been approved to receive donated annual leave in accordance with the provisions of K.R.S. 18A.203 and 101KAR 2:106.

Signature of Appointing Authority

Date

The Recipient's Appointing Authority must forward one copy of this form to the Personnel Cabinet, Processing Branch, Room 531, 5th Floor, 200 Fair Oaks lane, Frankfort, Kentucky 40601.

ANNUAL LEAVE DONATION FORM

Name of Donor: _____

Department: _____

Social Security Number: _____

Amount of Donation to be credit to Recipient: _____

(Eligible Employee shall not receive more than 20 working days. Minimum employee may donate is 7.5 hours.)

Name of Recipient: _____

Department: _____

Social Security Number: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by 101 KAR 2:106.

Signature of Donor Date

This is to certify that the employee named above has a sufficient annual leave balance to donate the hours indicated under the provisions of 101 KAR 2:106.

Signature of Appointing Authority Date

The Donor's Payroll Officer must forward one copy of this form to the Recipient's payroll Officer and one copy to the Personnel Cabinet, Files Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601.

TO BE COMPLETED BY DONOR'S PAYROLL OFFICER UPON RECEIPT

Company Number: _____ Department Name: _____

Date

PAYROLL OFFICER

TO BE COMPLETED BY RECIPIENT'S PAYROLL OFFICER

Recipient's current annual leave balance: _____ + _____ = _____ Recipient's New Annual Leave Balance

Company Number: _____ Department Name: _____

Date

PAYROLL OFFICER